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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-936
7. Unit Agreement Name
8. Farm or Lease Name NEWMEXICO "BO" STATE
9. Well No. 5
10. Field and Pool, or Wildcat VACUUM A B O REEF
12. County Lea

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER-

2. Name of Operator
Exxon Corporation

3. Address of Operator
P.O. Box 1600, Midland, Texas 79702

4. Location of Well
UNIT LETTER **G** **2310** FEET FROM THE **N** LINE AND **1650** FEET FROM
THE **E** LINE, SECTION **12** TOWNSHIP **18-5** RANGE **34-E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
<input type="checkbox"/> PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER	<input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER CSG LEAK SURVEY
<input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS	<input type="checkbox"/> ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- Clean out cellar to surface casing.
- Install bleeder line from **13 3/8"** surface casing to above ground level with control valve at surface.
- Install bleeder line from **8 5/8"** intermediate casing to above ground level with control valve at surface.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED **J L Clemm** TITLE **Unit Head** DATE **2-3-77**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: